



# Documentation Challenges of ICD-10-CM

Orthopedic Documentation



*"Improving the Financial Health of the Practices we Serve."*



# Documentation

- Implementation date 10/01/2015
- ICD-10 tremendous impact in health care
- Biggest challenge?

DOCUMENTATION!



# Documentation Parameters

Its important to remember that ICD-10 may not change the way you care for patients, it should change how you document that care.

The new documentation requirements for ICD-10 are examined and are all important in identifying the nature of the patients condition.



# Documentation Concepts

These key medical concepts are information that should be documented and will be mandated when selecting a ICD-10 code.



# Documentation Concepts

- **Type**

- **Severity**

- **Episode**

- Temporal Factors

- Findings

- Manifestation

- Cause (External Causes)

- **Associated with**

- Agent

- Pregnancy Related

- **Location**

- **Laterality**

- **Anatomy**

- Time Parameters

- **Infectious Agent**

- Remission Status

- Associated Conditions

- Contributing Factors

- **History Of**

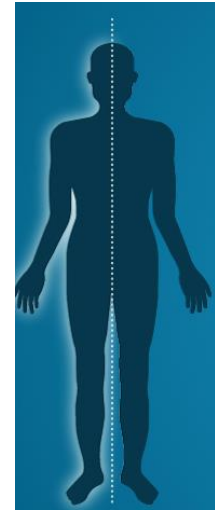


# So How Extensive Are the Concepts?

## Example of Laterality:

Describes on what site of the body is involved.

If the injury happens on the right side, left side, bilaterally, or unilaterally then documentation should include that detail.





# Parameters of Laterality

Postthrombotic syndrome without complications of the **RIGHT** lower extremity.

1 8 7 . 0 0 1



# Parameters of Laterality

Postthrombotic syndrome without complications of the **LEFT** lower extremity.

187.002





# Parameters of Laterality

Postthrombotic syndrome without complications of the **BILATERAL** lower extremity.

1 8 7 . 0 0 3



# Parameters of Laterality

Postthrombotic syndrome without complications of the **UNSPECIFIED** lower extremity.



**Note: Unspecified should never be used**



# Type

## Torus Fracture

- **Torus**
- Colles'
- Smith's
- Other extraarticular
- Barton's
- Other intraarticular
- Other



# Type + Laterality

Torus fracture, lower end of **right** radius,

- **Right**
- Left
- Unspecified



# Episode

Initial vs. Subsequent vs. Sequela

This 7<sup>th</sup> character is based on the **phase of the treatment**. It has nothing to do with the new, established or consultation CPT code being used for that encounter. It also does not depend on the problem being a new one to the provider.



# Episode

## Initial vs. Subsequent vs. Sequela

ICD-10 Description	Orthopedic Reality	7th Character
Initial Encounter	Active treatment	A
Subsequent Encounter	Routine healing/Follow-up care	D
Sequela	Cause of current Injury/illness	S



# Laterality + Type + Episode

**Initial visit and Tx of torus fracture, lower end of right radius fracture. (healing mechanism)**

- **Initial = Active Tx for the condition.**
- Subsequent
- Sequela



# Laterality + Type + Episode

**Follow-up (established patient) visit and closed reduction of torus fracture, lower end of right radius fracture. (healing mechanism?)**

- **Initial Encounter = Active Tx for the condition.**
- Subsequent
- Sequela





# Laterality + Type + Episode

**Follow-up visit for** torus fracture, lower end of right radius fracture, with proper alignment.

- Initial
- **Subsequent Encounter = Routine healing of condition.**
- Sequela



# Laterality + Type + Episode

**New patient consult for a** torus fracture, lower end of right radius fracture, with proper alignment, pursuant to the ER reduction.

- Initial
- **Subsequent Encounter = Routine healing of condition.**
- Sequela



# Laterality + Type + Episode

**Initial visit for a healed** torus fracture, lower end of right radius fracture **with abnormal bone growth.**

- Initial
- Subsequent
- **Sequela = Cause of current illness or injury.**



# Episode

Initial vs. Subsequent vs. Sequela

This 7<sup>th</sup> character is based on the **phase of the treatment**. It has nothing to do with the new, established or consultation CPT code being used. It also does not depend on the problem being a new one to the provider.



# Episode, Cont.

Torus fracture, lower end of right radius,  
**subsequent** encounter for fracture, with **nonunion**

## Subsequent

- Routine healing
- Delayed healing
- **Nonunion**
- Malunion





# Laterality vs. Localization

The concepts of laterality and localization should not be confused with each other. In documentation terms these two concepts are separate and distinct from one another.

## Laterality

- Right
- Left
- Bilateral
- Unilateral
- Unspecified

## Localization

- Medial
- Lateral
- Proximal
- Distal
- Central
- Peripheral



# Quick Breakdown

Open fracture of shaft of femur:

ICD-9-CM = 821.11

ICD-10-CM = Not enough information to assign a code.

Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC:

ICD-10-CM = S72.351C



# How Extensive is ICD-10-CM?

Femur Fracture:

ICD-9-CM = 16 total codes

ICD-10-CM = 1530+ total code combinations





# Overview of Musculoskeletal Guidelines

Most of the ICD-10-CM codes within chapter 13, Diseases of the Musculoskeletal System and Connective Tissue, designate site and laterality through the code range of M00 – M99.



# Chapter Specific Guidelines of Musculoskeletal

## Site and Laterality

The site represents the bone, joint, or muscle involved.

- For some conditions where more than one bone, joint, or muscle usually involved, such as osteoarthritis, there is a “multiple sites” code available.
- For categories where no multiple site code is provided and more than one bone, joint, or muscle is involved, multiple codes should be used to indicate the different sites involved.



# Chapter Specific Guidelines of Musculoskeletal

## Bone vs. Joint

The code is assigned to the bone, not the joint even though the documentation is indicating that the bone is affected and the upper or lower end.



# Chapter Specific Guidelines of Musculoskeletal

## Acute traumatic vs. chronic or recurrent musculoskeletal conditions

Many musculoskeletal conditions are a result of a previous injury or trauma to a site, or are the result of a healed injury are usually found in chapter 13.

- **Recurrent** bone, joint, or muscle conditions are also usually found in chapter 13. **Chronic or recurrent** conditions should generally be coded with a code found in chapter 13.
- Any **current, acute** injury should be coded to the appropriate injury code from chapter 19.



# Chapter Specific Guidelines of Musculoskeletal

**Acute traumatic vs. chronic or recurrent  
musculoskeletal conditions cont.**

**Note: As the documenting physician, ensure that  
you provide adequate detail to decrease queries  
from coding staff later**



# External Causes

**ICD-10 CODES**

## BIG GAME SUNDAY

**STRIKING AGAINST FOOTBALL HELMET  
W21.81XA**

**STRUCK BY FOOTBALL  
-INITIAL ENCOUNTER  
W21.01XA**

**NEWPORTMED**  
SPECIALTY HEALTHCARE MANAGEMENT



# External Causes

*Christmas Vacation* **ICD-10**  
**NATIONAL LAMPOON'S Codes**

OTHER CONTACT  
WITH SQUIRREL  
-INITIAL ENCOUNTER  
W53.29XD



ELECTROCUTION  
INITIAL ENCOUNTER  
T75.4XXA



FALL ON AND FROM  
LADDER-SEQUELA  
W11.XXXS



**NEWPORTMED**   
SPECIALTY HEALTHCARE MANAGEMENT



# External Causes

**STAR WARS**  
**ICD-10 CODES**

**X-WING CRASH  
INJURING OCCUPANT  
V95.41**

**WAMPA ATTACK  
-INITIAL ENCOUNTER  
W55.31XA**

**LIGHTSABER BURN  
X08.8**

**FORCE CHOKED BY  
DARTH VADER  
T17.81**

**NEWPORTMED**  
SPECIALTY HEALTHCARE MANAGEMENT





# External Causes (Reality)

- Can be fun to review and think about the individuals who created them.
- Similar to the “E” type codes of ICD-9.
- There is not a national or federal requirement for mandatory reporting.
- The only foreseeable reason for mandatory use is a state program requirement or payer requirement.
- Voluntary usage to help provide for injury research and prevention.



# Let's Review In Detail..





# Concepts to Consider for Proper Documentation

## Overview of the following Orthopedic Conditions:

- Colles' Fracture
- Joint Pain – Knee
- Pain in the Limbs
- Femur Fracture
- Hallux Valgus
- Tibia Fracture



# Fracture Concept

## Clinical Concepts to Consider:

### Type

- Displaced
- Nondisplaced

### Localization/Laterality

- Right
- Left
- Unspecified

## Episode

- Initial = Active Tx Phase
  - Closed
  - Open type I or II
  - Open type IIIA, IIIB, IIIC
- Subsequent = Routine Healing phase
  - Closed
  - Open type I or II
  - Open type IIIA, IIIB, IIIC
  - Closed with routine healing
  - Open type I or II with routine healing
  - Open type IIIA, IIIB, IIIC with routine healing
  - Closed with delayed healing
  - Open type I or II with delayed healing
  - Open type IIIA, IIIB, IIIC with nonunion
  - Closed with malunion
  - Open type I or II with malunion
  - Open type IIIA, IIIB, IIC with malunion
- Sequela = Healed, but causing current condition



# Colles' Fracture

Case Example : Type, Localization/Laterality, Episode

Subjective: The patient is a 57-year-old right-hand-dominant female who fell 4 to 5 days ago and is continuing to have left wrist pain

Objective: X-rays show an impacted distal radius fracture with possible intraarticular component and an associated ulnar styloid fracture

Assessment: Displaced impacted Colles fracture, left distal radius, and ulna



# Colles' Fracture

**Answer:** S52.532A Colles' fracture of left radius, initial encounter for closed fracture.



# Joint Pain - Knee

Clinical Concepts to Consider:

## **Localization/Laterality**

- Right
- Left
- Unspecified



# Joint Pain - Knee

## Case Example: Localization/Laterality

Subjective: The patient is a 55-year-old male who presents for **left knee** joint pain. Present for 5 months. Reports burning pain. Rated as 6/10 in severity right now.

Objective: EXAM: Wt Prior: 140 as of 11/16/06 Const: Appears healthy and well developed. Speech is appropriate. Head/Face: Normal on inspection. Facial strength normal. CV: Normal Extremities: No Cyanosis, edema or mottling. Musculo: Head/Neck: Insp/Palp: Head is erect. Symmetric. No hypertrophy. Spine: Insp/Palp: Spinal contour is normal. Increased pelvic tilt. Stability: No obvious instability. Knees: Insp/Palp: **left knee normal to inspection and palpitation**. Right knee normal to inspection and palpation. Stability : No instability in the left. No instability in the right. **Normal muscle tone of the left knee**. Normal muscle tone of the right knee. ROM: Left knee: full ROM. Right knee: full ROM. Skin: No rashes, lesions or ecchymosis.





# Joint Pain - Knee

**Answer: M25.562 pain in the left  
knee**



# Pain in the Limbs

Clinical Concepts to Consider:

## **Caused by/ Contributing Factors**

- Trauma
- Neoplasm
- Post-operative
- Psychogenic

## **Localization/Laterality**

- Left
- Right

## **Anatomy**

- Lower
  - Foot
  - Lower Leg
  - Thigh
  - Toe
- Upper
  - Axilla
  - Finger
  - Forearm
  - Hand
  - Upper Arm



# Pain in Limbs

**Case Example:** Caused by/Contributing Factors, Anatomy, Localization/Laterality

Subjective: A 77-year-old female presents to the emergency department with mild discomfort in her right hand and left knee. Patient states that she struck her hand against something one week ago, near her right pinky knuckle (MCP). Since that time, her right index finger has become slightly red and swollen. She states that she also "banged" her left knee and has had some swelling and discomfort in the knee for the past 24 hours. She denies redness, heat of the left knee. She denies headache, fever, neck pain, chest pain, difficulty breathing, abdominal pain, nausea, vomiting, or diarrhea. She denies numbness, tingling, or weakness.



# Pain in Limbs

**Answer: M79.644 Pain in right  
finger(s)**

**M79.662 Pain in left lower  
leg**



# Femur Fracture

Clinical Concepts to Consider:

## Type

- Displaced
- Nondisplaced

## Localization/Laterality

- Trochanteric
  - Apophyseal
  - Greater
  - Intertrochanteric
  - Lesser
- Right
- Left
- Unspecified

## Episode

- Initial Encounter
  - Closed
  - Open type I or II
  - Open type IIIA, IIIB, IIIC
- Subsequent
  - Closed
  - Open type I or II
  - Closed with routine healing
  - Open type I or II with routine healing
  - Open type IIIA, IIIB, IIIC with routine healing
  - Closed with delayed healing
  - Open type I or II with delayed healing
  - Open type IIIA, IIIB, IIIC with delayed healing
  - Closed with nonunion
  - Open type IIIA, IIIB, IIIC with nonunion
  - Closed with malunion
  - Open type IIIA, IIIB, IIC with malunion
- Sequela



# Femur Fracture

## Case Example:

Type, Localization/Laterality, Episode

Subjective: The patient is an 84-year-old man who fell onto his right hip.

Objective: An x-ray confirmed the patient sustained a closed basicervical intertrochanteric femur fracture of his right hip

Assessment: Closed basicervical/intertrochanteric femur fracture, right hip



# Femur Fracture

**Answer: S72.141A Displaced  
intertrochanteric fracture of right  
femur, initial encounter for closed  
fracture**



# Tibia Fracture

Clinical Concepts to Consider:

## Type

- Unspecified
- Salter-Harris I
- Salter-Harris II
- Salter-Harris III
- Salter-Harris IV
- Other

## Localization/Laterality

- Right
- Left
- Unspecified

## Episode

- Initial
  - Closed
  - Open
- Subsequent
  - Routine healing
  - Delayed healing
  - Nonunion
  - Malunion
- Sequela





# Tibia Fracture

**Case Example:**

Type, Localization/Laterality, Episode

Subjective: The patient is a 12-year-old male who has been injured while running down a hill today. He is having pain in his left ankle.

Objective: He is intact to sensation. Capillary refill of toes remains stable. No skin breakdown. AP and mortise view radiographs of left ankle were obtained and show a Salter-Harris II fracture of the distal tibia

Assessment: Left tibia fracture



# Tibia Fracture

**Answer:** S89.122A Salter – Harris  
Type II physeal fracture of lower  
end of tibia, initial encounter for  
closed fracture



# Hallux Valgus

Clinical Concepts to Consider:

## **Localization/Laterality**

- Unspecified
- Right
- Left



# Hallux Valgus

Case Example: Localization/Laterality

Subjective: A 35 year old female patient comes in today for a bump on the side of her right foot. She also experiences aching pain and burning in her foot, especially when wearing high heels, which she wears 5 days a week.

Objective: On Examination, the patient has a bump on the side of the right foot near the big toe. The skin appears slightly red and a little swollen. X-ray was ordered and performed showing a deformity of the foot.

Assessment: Hallux Valgus



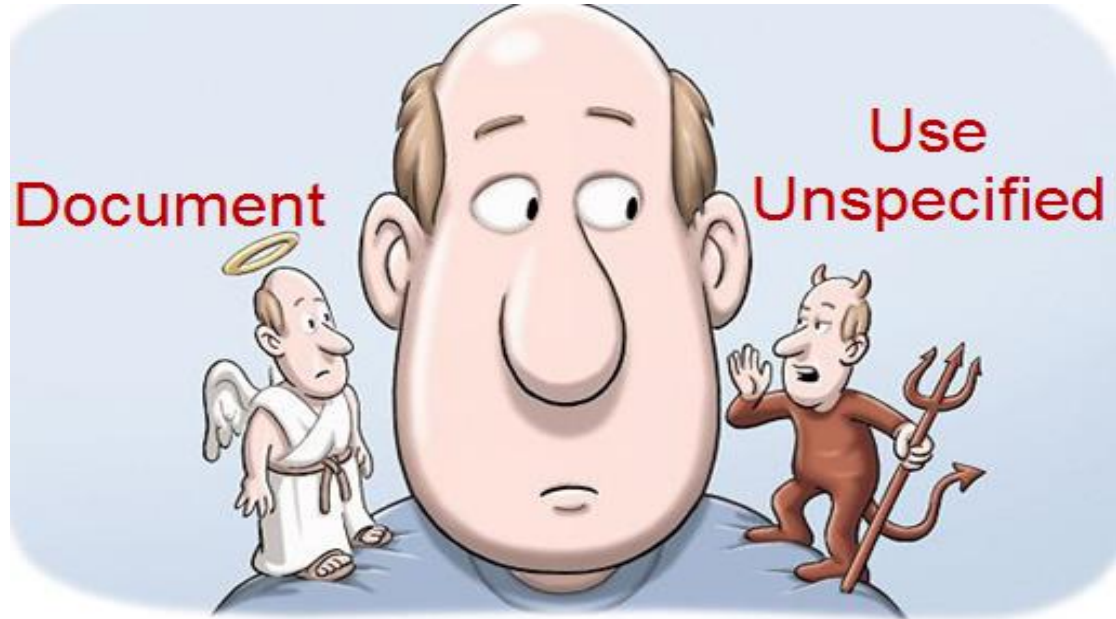
# Hallux Valgus

**Answer:** M20.11 Hallux valgus  
(acquired), right foot.



# Unspecified Codes

**So what about using those unspecified codes?**



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# Unspecified Code Warning

- Unspecified codes should only be used if specific information is unavailable about the diseases process.
- Goal: ensure medical record documentation is as comprehensive as possible
- More specificity = reduction in payment denials and claim delays for documentation requests.

Request clarification of documentation, update documentation vs. submission with unspecified codes.

# Resources

[www.aapc.com](http://www.aapc.com)

Orthopedic learning

[www.cms.gov](http://www.cms.gov)

Documentation to the new code set



*There is very little good orthopedic specific content to be referenced.*